STATE MEDICAID DUR BOARD MEETING

THURSDAY, February 14, 2013
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 125

MINUTES

Board Members Present:

Neal Catalano, PharmD.
Mr. Kumar Shah
Kathy Goodfellow, R.Ph.
Cris Cowley, M.D.
Jay Aldous, DDS
George Hamblin, R.Ph.

Board Members Excused:

Brad Hare, M.D.
Joseph Miner, M.D.
Mark Balk, PharmD.
Tony Dalpiaz, PharmD.

Dept. of Health/Div. of Health Care Financing Staff Present:

Tim Morley, R.Ph.
Lisa V Hunt, R.Ph.
Richard Sorenson, R.N.
Merelynn Berrett, R.N.
Robyn Seely, PharmD.
Bobbi Hansen C.Ph.T.
Heather Santacruz, R.N.

Other Individuals Present:

Joanita Lake, UofU
Scott Larson, BMS
Mark Hagger, Boeringer Ingelheim
Chad Burnham, Select Health
Linda Craig, AstraZeneca
Nicole Kesty, AstraZeneca
Scott Clegg, Lilly
Yvonne Ntanno, UofU
Efrain Alton, Merck

Meeting conducted by: Neal Catalano, PharmD

1. **Welcome** - Neal Catalano opened the meeting.

2. **Housekeeping** – Robyn Seely reminded guests and board members to sign in.

3. **P&T Committee report** – Lisa Hunt addressed the board. She reported that the P&T committee will be reviewing otic antibiotics and otic corticosteroids in February. She also provided the tentative P&T schedule to each of the board members.

4. **Approval of prior meeting minutes** – George Hamblin made a motion to approve the October meeting minutes, Kathy Goodfellow seconded the motion. Kathy Goodfellow made a motion to approve the November meeting minutes, Kumar Shah seconded the motion. George Hamblin made a motion to approve the January meeting minutes, Kumar Shah seconded the motion. All three motions were approved unanimously by the board.

5. **Insulin Pens** – Neal Catalano declared that he would abstain from all discussion and motions to prevent any possible conflicts of interest.

   Robyn Seely presented the current prior authorization criteria to the board, the criteria states that insulin pens are only covered for those clients who are legally blind. Current indications for several the available pens do not indicate that they should be used by a legally blind individual alone.

   Robyn Seely presented what she purpose the criteria be revised to accommodate. She also included data on claims and prior authorization denials related to insulin pens. The new suggested criteria would include coverage for the following diagnoses: blindness, rheumatoid arthritis, osteoarthritis (upper are, forearm, hand, multiple sites), other derangement of joint (to include, upper arm, forearm, hand, multiple sites), other disorders of the joint (to include, upper are, forearm, hand, multiple sites), Parkinsonism, reductive deformities (of upper limb, loss of hand, loss of arm), mental retardation, and any condition that necessitates that a patient 18 years and older have a guardian other than him/herself.

   Kathy Goodfellow asked if the cost difference (after rebates) was substantial enough to still keep a prior authorization on insulin pens. Tim Morley stated that all clinical evidence should be reviewed before cost is taken into consideration.

   Robyn Seely explained the prior authorization denial reasons listed on the sheet provided in the meeting packet. She explained that many of the denials that come through the prior authorization process are for reasons other than not meeting criteria (client not eligible, client on Part D, insufficient documentation provided, etc.) Neal Catalano asked for feedback from the medical (prior authorization) staff. Richard Sorenson responded that the volume is small due to the tight criteria currently in place.

   Kumar Shah suggested that, due to low volume, the definition be expanded (to not require a prior authorization) for a trial period of one year. He added that after a year re-review with new costs data.

   Kathy Goodfellow stated that in her practice she rarely dispenses vial and syringe, the trend of therapy is moving towards pens. She added that most commercial plans do cover pens.

   Robyn Seely stated that she is hesitant to completely remove the prior authorization requirement from insulin pens, some pens are up to 11 times more expensive (after rebates) than vial and syringe. She added that although most patients would prefer to use a pen, patient convenience should not be the ultimate determining factor when considering coverage.

   Lisa Hunt suggested that the board consider all the clinical data presented and make a recommendation to the P&T committee review for cost parity.

   Kumar Shah made a motion to remove prior authorization criteria from insulin pens. Jay Aldous seconded the motion. The motion was approved by George Hamblin and Cris Cowley. Kathy Goodfellow opposed. Further discussion was held, motion does not stand.

Kathy Goodfellow expressed that due to the possibility of significant cost difference, that the criteria be expanded to include the diagnoses provided for a trial period (of one year).

Kathy Goodfellow made a motion to expand criteria (to the intent of the diagnoses provided), make a recommendation to have P&T committee review for cost parity, re-review in one year and then consider completely removing the prior authorization requirement, and to approve based off a diagnosis description (rather than requiring a diagnosis code).

Lisa Hunt stated that the P&T committee has review insulin (including pens), therefore the additional review would be to review how the category is structured on the preferred drug list.

George Hamblin asked if the population that is still managed under fee-for-service Medicaid is large enough to impact the budget significantly if pens are open without requiring a prior authorization. Tim Morley stated that the board must consider the clinical data in order to serve the fee-for-service population regardless of what is covered under the Accountable Care Organizations.

Kumar Shah seconded the motion made by Kathy Goodfellow. Jay Aldous and Cris Cowley approved the motion. George Hamblin opposed. The motion carried.

No public comment.

6. **DPP-4 Inhibitors** – Joanita Lake presented the clinical evidence prepared by the University of Utah Drug Information Center. The recommendations are that all DPP-4 inhibitor prescriptions require a prior authorization.

   Prior authorization criteria could include:
   1. A diagnosis of Type 2 Diabetes Mellitus
   2. Patient is 18 years of age or older
   3. Documentation for patients who are intolerant of or have contraindications to metformin or sulfonylureas OR
   4. Documentation indicating failure using combination of 2 or more antidiabetic medications (metformin, sulfonylurea, or insulin) at maximum tolerated doses.

   Period: Initial 6 months. Consider additional PAs on an individual basis after review of medical necessity and documented improvement in HbA1c since the beginning of the initial PA period.

   Public comment: Nicole Kesty with AstraZeneca spoke to the board regarding coverage for Onglyza. She shared trial results for Onglyza for the board to consider and requested open access for Medicaid clients.

   Public comment: Bill O'neill with Boeringer-Ingleheim spoke to the board regarding coverage for Tradjenta. He suggested the board consider some sort of renal function requirement be added to the prior authorization criteria.

   Joanita Lake stated that the UofU Drug Information Center considers all the studies that have been done with all the available medications in the class. The recommendations they make to

the board are based off this broad selection of studies.

Due to time constraints the board will continue the discussion of DPP-4 inhibitor coverage criteria at the next meeting. No motions were made.

7. The next DUR Board meeting is scheduled for Thursday, March 14, 2013.

Minutes prepared by Bobbi Hansen.
There was one petition to review in February.